

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39029**
5180

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>LEAVENWORTH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEAVENWORTH</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>761 OLIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>	a. (First) <u>JOSEPH</u>	b. (Middle) <u>ZIELINSKI</u>	c. (Last) <u>ZIELINSKI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 24, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>IN PARTN</u>	8. DATE OF BIRTH <u>OCT 5, 1952</u>	9. AGE (In years last birthday) <u>1</u> <u>19</u> <u>19</u> <u>19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>LEAVENWORTH, KANS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>ANTHONY ZIELINSKI</u>	13b. MOTHER'S MAIDEN NAME <u>VELMA FLESHMAN</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANTHONY ZIELINSKI</u>	ADDRESS <u>LEAV. KS.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>75²</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>14 Nov</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hydrocephalus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City, Jackson, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 14 Nov, 1952, to 24 Nov, 1952, that I last saw the deceased alive on 11-24, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. A. Carmichael Jr. M.D.</u>	23b. ADDRESS <u>Kansas City, Mo.</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MTCALVER CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH, KS.</u>
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DATE REC'D BY LOCAL REG. <u>11-26-52</u>	REGISTRAR'S SIGNATURE <u>Gereldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody McGilley-Eyler</u>	ADDRESS <u>K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. H. Ryan

Licensed Embalmer No. *5999*

P. O. Address *K C Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.